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**State:** District of Columbia **Filing Company:** XL Specialty Insurance Company  
**TOI/Sub-TOI:** 09.0 Inland Marine/09.0004 Pet Insurance Plans  
**Product Name:** PetPlan Insurance Program Declarations Page Correction  
**Project Name/Number:** PetPlan Insurance Program Declarations Page Correction/18SX-XP-CM01-MU-DC2

## Filing at a Glance

Company: XL Specialty Insurance Company  
Product Name: PetPlan Insurance Program Declarations Page Correction  
State: District of Columbia  
TOI: 09.0 Inland Marine  
Sub-TOI: 09.0004 Pet Insurance Plans  
Filing Type: Form  
Date Submitted: 05/03/2018  
SERFF Tr Num: XLAM-131486684  
SERFF Status: Closed-APPROVED  
State Tr Num:  
State Status:  
Co Tr Num: 18SX-XP-CM01-MU-DC2  
  
Effective Date: 05/04/2018  
Requested (New):  
Effective Date: 07/04/2018  
Requested (Renewal):  
Author(s): Jill Kelly, Patricia Pollard, Larry Wilk  
Reviewer(s): Carmen Belen (primary)  
Disposition Date: 05/08/2018  
Disposition Status: APPROVED  
Effective Date (New): 05/08/2018  
Effective Date (Renewal): 07/04/2018

**State:** District of Columbia **Filing Company:** XL Specialty Insurance Company  
**TOI/Sub-TOI:** 09.0 Inland Marine/09.0004 Pet Insurance Plans  
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## General Information

Project Name: PetPlan Insurance Program Declarations Page Status of Filing in Domicile:  
Correction

Project Number: 18SX-XP-CM01-MU-DC2

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/08/2018

State Status Changed:

Deemer Date:

Created By: Patricia Pollard

Submitted By: Patricia Pollard

Corresponding Filing Tracking Number:

Filing Description:

Attached is a Filing Authorization Letter authorizing Martin & Company to submit this filing on behalf of XL Specialty Insurance Company (hereinafter referred to as the company). Please direct all correspondence regarding this filing to Martin & Company.

During a recent form review it was discovered a design error with the Declarations Page, GPTM 000 0118 that was used for the Pet Health Insurance Program. This program is administered by Fetch Insurance Services, LLC and was previously approved by your division.

This correction is needed due to the Vacation Cancellation being inadvertently left off under the Insured Coverage section of the Declaration Page. The Vacation Cancellation Coverage is included in the Terms and Conditions (GPTM 050 0118). We have included a redline version to outline the correction along with a final copy of the Declarations Page GPTM 000 0418 for your review.

The company proposes an effective date of May 4, 2018 (or upon earliest approval after May 4, 2018) for New Business and July 4, 2018 for Renewal Business.

## Company and Contact

### Filing Contact Information

Patricia Pollard, Compliance & State Filings ppollard@martincompanyus.com

Supervisor

4024 West Chester Pike

302-384-6280 [Phone]

Newtown Square, PA 19073

### Filing Company Information

XL Specialty Insurance Company

CoCode: 37885

State of Domicile: Delaware

Attn: Jill Kelly

Group Code: 1285

Company Type:

505 Eagleview Blvd.

Group Name:

State ID Number:

Exton, PA 19341-0636

FEIN Number: 85-0277191

(800) 327-1414 ext. [Phone]

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<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0004 Pet Insurance Plans		
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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>SERFF Tracking #:</b>	XLAM-131486684	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	18SX-XP-CM01-MU-DC2
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	XL Specialty Insurance Company		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/08/2018	05/08/2018

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	XL Specialty Insurance Company
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## Disposition

Disposition Date: 05/08/2018  
Effective Date (New): 05/08/2018  
Effective Date (Renewal): 07/04/2018  
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Explanatory Memorandum	APPROVED	Yes
Form	Declarations Page	APPROVED	Yes

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	XL Specialty Insurance Company
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/08/2018	Declarations Page	GPTM 000	04 18	DEC	Replaced	Previous Filing Number:	XLAM-131385456		GPTM_000_0418.pdf
							Replaced Form Number:	GPTM 000 01 18		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

# declarations page

## policy details

Policy number \_\_\_\_\_

### Policy period

Effective from: \_\_\_\_\_ to: \_\_\_\_\_

12:01 a.m. standard time at the mailing  
address of the named insured as stated below.

Date issued \_\_\_\_\_

Annual premium \$ \_\_\_\_\_

Payment schedule

☐ Monthly \$ \_\_\_\_\_

☐ Quarterly \$ \_\_\_\_\_

## named insured

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

## pet's details

Pet name \_\_\_\_\_

Species

☐

Dog

☐

Cat

☐

Working Dog

Sex

☐

Male

☐

Female

Age \_\_\_\_\_

Date of birth (if known) \_\_\_\_\_

Pet residence ZIP code \_\_\_\_\_

## insured coverages

	maximum annual policy coverage	deductible		co-pay
		<input type="checkbox"/> annual	<input type="checkbox"/> per illness or injury	
Veterinary fees				
Behavioral fees				
Advertising and reward fees				
Boarding kennel and cattery fees				
Loss due to theft or straying				
Death from injury or illness				
Vacation cancellation				

## documents enclosed

document type	form number

<b>SERFF Tracking #:</b>	XLAM-131486684	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	18SX-XP-CM01-MU-DC2
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	XL Specialty Insurance Company		
<b>TOI/Sub-TOI:</b>	09.0 Inland Marine/09.0004 Pet Insurance Plans				
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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

<b>Satisfied - Item:</b>	Consulting Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	Martin & Company Filing Authorization Letter XLS 01.08.2018.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Explanatory Memo - Declaration Change 05_2018.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018



January 8, 2018

RE: Filing Authorization Letter  
**XL Specialty Insurance Company**  
NAIC #: 37885 / FEIN: 85-0277191  
Petplan/Pet Health Insurance - Rate, Rule, and Form Filings

Mrs. Jill A. Kelly  
AVP, State Filings Manager  
505 Eagleview Boulevard  
Suite 100  
Exton, PA 19341  
USA

Phone 800 327 1414  
+1 610 968 9069  
Fax +1 610 458 8667  
jill.kelly@xlcattlin.com

xlcattlin.com

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit rate, rule, and form filings on behalf of XL Specialty Insurance Company. With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization will remain in force and effect until withdrawn in writing.

All correspondence and inquiries related to filings under this authorization should be directed to the following:



**Martin & Company**

YOUR INSURANCE SOLUTIONS PARTNER

ATTN: Compliance Division

P.O. Box 70

Edgemont, PA 19028-0070

Phone: (800) 896-8000

Fax: (610) 325-4405

Should you have any questions or require additional information regarding this authorization, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads 'Jill A. Kelly'.

Jill A. Kelly  
Assistant Vice President, State Filings Manager  
Phone: 610-968-9069  
E-mail: jill.kelly@xlcattlin.com

**XL SPECIALITY INSURANCE COMPANY  
PET HEALTH INSURANCE PROGRAM**

During a recent form review it was discovered a design error with the Declarations Page, GPTM 000 0118 that was used for the Pet Health Insurance Program. This program is administered by Fetch Insurance Services, LLC and was previously approved by your division.

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